

**FORM TO BE USED BY PLAINTIFFS IN FILING A COMPLAINT
UNDER THE EQUAL EMPLOYMENT OPPORTUNITY ACT, 42 U.S.C. Chapter 21,
Subchapter VI**

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
DIVISION

CLERK'S OFFICE U.S. DIST. COURT
AT LYNCHBURG, VA
FILED

AUG 07 2015

JULIA C. DUDLEY, CLERK
BY: F. Coles
DEPUTY CLERK

Kimberly Dawn Hartman
Pro SE
Plaintiff,

v.

① Carilion Clinic
② Maly Thomas, MSN Senior
Director of Psychiatry at Carilion
Defendant(s). Clinic

(Enter the full name(s) of ALL parties in this lawsuit.

Please attach additional sheets if necessary).

③ Carilion Clinic HR - Heather Shepardson, VP of Human
Resources
COMPLAINT

Civil Action No.: 6:15cv00024
(To be assigned by Clerk of District Court)

1. State the full name of the Plaintiff, address and telephone number.

Name:

Kimberly Dawn Hartman Pro SE
2910 Rivermont Avenue #304 Lynchburg VA 24503

Address:

Telephone Number:

434 942 6249

2. List all Defendants. State the full name of the Defendant, even if that Defendant is a government agency, an organization, a corporation, or an individual. Include the address where each Defendant may be served. Make sure that the Defendant(s) listed below are identical to those contained in the above caption of the complaint.

- a. Defendant No. 1

Name:

Carilion Clinic

Address:

1906 Bellevue Avenue
Roanoke, VA 24014
PO Box 13367
Roanoke VA.

24033

Additional Defendant:

Canlion Clinic HR- Heather Shepardson, VP

of Human Resources

1906 Bellview Avenue

Roanoke, VA.

24014

PO Box

13367

Roanoke, VA

24033

b. Defendant No. 2

Name:

Mala Thomas, MSU

Address:

1906 Belknew Ave Roanoke, VA 24014

PO Box 13367
Roanoke, VA
24033

NOTE: IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE PROVIDE THEIR NAMES AND ADDRESSES ON A SEPARATE SHEET OF PAPER.

Check here if additional sheets of paper are attached: ☒

Please label the attached sheets of paper to correspond to the appropriate numbered paragraph above (e.g. Additional Defendants 2.c., 2.d., etc.).

3. On what day were you discharged from employment or otherwise affected by the alleged unlawful employment practice(s) of the defendant(s) above?

5/12/15

4. On what day was your complaint filed with the Equal Employment Opportunities Commission?

6/9/14

5. What action did the Commission or its representatives take in regard to your complaint?

My case # 438 2014-00807 was investigated for a year and I requested the right to sue as per law of time limit (180 days) administrative remedies were exhausted

6. If no action was taken or if your complaint was dismissed by the Commission, did you receive notice from the Commission within 180 days of the date listed in 4. above, of your right to bring a civil action to correct the alleged unlawful employment practice(s)?

Yes, I requested the right to sue and received it

7. If the answer to 6. is yes, has 90 days passed since your receipt of the notice described in 6.?

NO - Right to sue was sent on 7/30/15

8. Has any action been brought in any state court or in any other federal court concerning the alleged unlawful employment practice(s) of the above defendant(s)?

Not on my case.

If your answer to 8. is yes, describe the action in the spaces below.

N/A

a. Parties to the action: _____

b. Court (if federal court, give district; if state court, name the city or county):

c. Docket Number: _____

d. Judge's Name: _____

e. Is the case still pending: _____ If not, what was the ruling? _____

Was the case appealed? _____

If more than one action has been filed, please provide this information on a separate sheet of paper and label this information as paragraph 8.f., etc. Check here if additional sheets of paper are attached: ☐

9. Are there any state or local agencies presently making active efforts to obtain a voluntary end to the alleged unlawful employment practice?

☐ Yes

☒ No

☐ I DON'T KNOW

If yes, please describe which agencies are involved and whether their efforts are being undertaken on your behalf?

On the remainder of this form, please answer the questions relating to your problems with the defendant(s) and, if necessary, include additional sheets of paper in order to fully explain the facts beyond your complaint.

- A. What was or is your employer?

Carilion Clinic was
my employer and
defendant in this
case.

① Carilion Clinic took no action on my complaint of discrimination against Mala Thomas. My administrative leave I was offered during HR's investigation of her was terminated by Heather Shepardsen, Carilion HR, VP on 5/12/14.

B. What individuals were involved in your discharge or other unlawful practice about which you are complaining? (Also explain what position each individual held, what that individual did that affected you, and about which you are complaining?)

② Mala Thomas - MSW, Director of Psychiatry at Carilion Roanoke, VA, Connect, and Carilion St. Albans in New River Valley. On April 3, 2014, I was told by Mala Thomas that I was not selected for the position and I would not have been a good candidate for the position due to my daughters condition (My daughter has autism).

C. If you were fired, what reasons were given for your discharge?

I informed Carilion Clinic HR that I could not return to work on the date they asked due to physical illness from the discrimination by Mala Thomas and fear of retaliation.

If you disagree with those reasons, what do you think were the real reasons?

They were not willing to take action. They terminated my employment on Ms Thomas even though she had numerous previous complaints on her in HR. My termination was retaliatory. 5/12/14.

D. Does your employer have a grievance procedure to use when employees are unhappy about actions taken against them?

Yes

E. If so, did you file a grievance with your employer?

Yes, with Human resources, Heather Shepardsen, VP HR

If you did, what action was taken?

They would not grant me additional administrative leave even though I was physically ill and was unable to go back into a hostile, intimidating work environment. Mala Thomas is still employed by them.

F. In the space below (and on additional sheets of paper, if necessary), please state any other facts which you consider important in this complaint.

Mala Thomas has multiple complaints of hostile work environment, harassment, retaliation, and discrimination on her in Carilion's HR dept. I have documented proof of this. Multiple nurses have left Carilion's employment due to her treatment of them. Two other cases were filed with the EEOC against her.

There are multiple witnesses to speak to this and I have documented ~~proof~~ proof from HR of my termination of administrative leave. I have multiple documents of evidence from nurses who left and the EEOC on my case. Nancy Ayee CEO has been made aware of all these issues. The EEOC attempted to get Carilion to settle and they refused.

G. If you were fired, have you been working since that time? My employment was terminated.

If yes, for whom have you worked? Centra Health

What did you do? Child and Adolescent Psychiatry Unit Manager

If you did not get another job, have you received unemployment compensation? I did not get this job until over a month later. No, I did not receive compensation.

If yes, for how long?

H. What relief do you want from this court? For example:

Do you want your job back?

No

Requesting \$500,000 in punitive damages and compensatory damages.

Have you suffered any damages?

Yes - Punitive damages

If so, how much?

I and my daughter have suffered severe emotional distress, loss of home, loss of career at Carlon Clinic, loss of income.

OTHER:

My daughter has Autism which is a federally protected disability. I was discriminated against because of it and she has suffered daily due to more, loss of house.

Attach additional sheets of paper as necessary and label this information as paragraph 1, etc. Check here if additional sheets of paper are attached. ☐

* Request trial by Jury

Signature of Plaintiff

Kimberly Dawn Hurtner, Pro Se

VERIFICATION

State of

Virginia

County of

Lynchburg City

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this

7 day of August, 2015

Signature of Plaintiff

Kimberly Dawn Hurtner
Pro SE